


DOCKET NO. SC11654TS

PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Docket Number: SC11654TS
In re Application of	Paul S. Su	
Application Number	10/066,278	Filed January 31, 2002
For	INTERFACE BETWEEN PROGRAMMING LANGUAGES AND METHOD THEREFOR	
Group Art Unit	2177	Examiner Kuen S. Lu
<b>RECEIVED</b>		
<b>CENTRAL FAX CENTER</b>		
<b>SEP 15 2004</b>		
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above-identified application.		
The requested extension and appropriate non-small-entity fee are as follows: (Check time period desired):		
<input checked="" type="checkbox"/>	One Month (37 CFR 1.17(a)(1))	\$ 110.00
<input type="checkbox"/>	Two Months (37 CFR 1.17(a)(2))	\$ 420.00
<input type="checkbox"/>	Three Months (37 CFR 1.17(a)(3))	\$ 850.00
<input type="checkbox"/>	Four Months (37 CFR 1.17(a)(4))	\$ 1480.00
<input type="checkbox"/>	Five Months (37 CFR 1.17(a)(5))	\$ 2010.00
<input type="checkbox"/>	Applicant claims small entity status. See 37 CFR 1.27. Therefore, the amount shown above is reduced by one-half, and the resulting fee is \$ _____	
<input type="checkbox"/>	A check in the amount of the fee is enclosed.	
<input type="checkbox"/>	Payment by credit card. Form PTO-2038 is attached.	
<input checked="" type="checkbox"/>	The Commissioner has already been authorized to charge fees in this application to a Deposit Account.	
<input checked="" type="checkbox"/>	The Commissioner is hereby authorized to charge any fees which may be required or credit any overpayment to Deposit Account Number 503079	
<input checked="" type="checkbox"/>	I have enclosed a duplicate copy of this sheet.	
I am the:		
<input type="checkbox"/>	Applicant/inventor	
<input type="checkbox"/>	Assignee of record of the entire interest. See 37 CFR 3.71.	
<input checked="" type="checkbox"/>	Attorney or agent of record (Registration No.:	35,896 )
<input type="checkbox"/>	Attorney or agent under 37 CFR 1.34(a) Registration number if acting under 37 CFR 1.34(a)	
<u>9/13/04</u>		<u></u>
		Signature
		Susan C. Hill
		Type or printed name
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.		
<input checked="" type="checkbox"/>	Total of 1 form(s) are submitted	
CERTIFICATE OF MAILING		
I hereby certify that this correspondence is being facsimile transmitted or deposited with the United States Postal Service with sufficient postage as first-class mail in an envelope addressed to: Commissioner for Patents, Washington, DC 20231 on this date: <u>9/15/04</u>		
Typed or printed name	Elaine Cox	
Signature	<u>Elaine Cox</u>	